Revision: HCFA-PM-91-4

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State: OKLAHOMA

Agency\* Citation(s)
Department of Human Services

Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

 $/\overline{X}$  Yes. This plan covers:

 Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

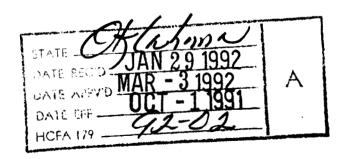
1902(a)(10) (C)(ii)(I) of the Act  Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

New 10-01-91

TN No. \_\_\_\_\_\_ Approval Date MAR - 3 1992
TN No. \_\_\_\_\_

Effective Da 007 - 1 1991

HCFA ID: 7983E



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Agency* Department	Citation(s) of Human Serv	rices	Groups	Covere	:d		
1902(e)(4) the Act	C.	Opt:	Newborn to a wom is recei birth. been for birth an the wom	childran who ving he country to the	en bom is e Medica hild igible ins e	rn on ligit id o is de for ligit elig	or after October 1, 1984 ole as medically needy and in the date of the child's eemed to have applied and Medicaid on the date of ole for one year so long as ible and the child is a busehold.
42 CFR 435	.308	5.	<u>X</u> a.	not o	lescri are un 21 20 19 18 or stude the e	bed der 1 unde nts i	igible individuals who are in section C.3. above and the age of— er age 19 who are full-time in a secondary school or in alent level of vocational cal training.
			<u>X</u> b.	eligi	ible i 20, 19 (1)	indiv , or Indiv agend	ssifications of financially iduals under the ages of 18 as specified below: viduals for whom public cies are assuming full or
DATE ' DATE LE	Wasins SEP - 1 OCT 17 SEP 19	995 1995 15	A			-	tial financial onsibility and who are:  In foster homes (and are under the age of).  In private institutions (and are under the age of).

\* Agency that determines eligibility for coverage.

Revised 09-01-95

TN No. 10/17/95 Effective Date 09/01/93 pproval Date \_ Supersede TN No.

Revision:

Agency\*

HCFA-PM-91-4 (BPD)

August 1991

Citation(s)

Department of Human Services

State: OKLAHOMA

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С.	Optional	Coverage	of	Medically	Needv	(Continued)

Groups Covered

- \_\_ c. In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_\_).
  - X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).
  - (3) Individuals in NFs (who are under the age of ). NF services are provided under this plan.
  - (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ).
  - (5) Individuals receiving active treatment as inpatients psychiatric facilities or programs (who are under the age of psychiatric Inpatient ). services for individuals under age 21 are provided under this plan.
  - X (6) Other defined groups (and ages), as specified in Supplement 1 of Attachment 2.2-A.

\* Agency that determines eligibility for coverage.

Revised 09-01-95

TN No. oproval Date Supersedes

95 Effective Date

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State: \_\_\_\_

OKLAHOMA

Agency\* Citation(s) Department of Human Services Groups Covered

C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310  $\sqrt{X}$  6. Caretaker relatives.

42 CFR 435.320  $\sqrt{X}$  7. Aged individuals. and 435.330

42 CFR 435.322  $\sqrt{X}$  8. Blind individuals. and 435.330

42 CFR 435.324  $/\overline{X}$  9. Disabled individuals. and 435.330

42 CFR 435.326 // 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

435.340 11. Blind and disabled individuals who:

- Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
- b. Were eligible as medically needy in December 1973 as blind or disabled; and
- c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. \_\_\_\_\_\_ Approval Date AR - 3 1992 Effective Date \_\_\_\_\_\_ TN No.

HCFA ID: 7983E

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Revision: HCFA-PM-91-8

(BPD)

October 1991

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OMB NO.: 0938-

State:

OKLAHOMA

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1906 of the Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of \_\_6\_\_ months.

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DATE REC'D JUL 1 3 1992

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DATE EFF APR 0 1 1992

HCFA 179

New 04-01-92

Superseded Mc Vo V

Effective Date: APR 0 1 1992

Approval Date: AUG 05 1992

Revision: HCFA Region VI

December 1990

Revised July 1, 1991

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STATE: OKLAHOMA

Agency\* Citation
Department of Human Services

Groups Covered

Section 4723 of P.L. 101-508 and Section 1903(f)(2)(B) of the Act

The State agency allows medically needy individuals and families to pay an amount to the State, which when combined with incurred medical costs in prior months, is sufficient when excluded from the family's income, to reduce such family's income below the applicable income limitation described in Section 1903(f)(1) of the Act.

X 13. Unemployed parents

STATE (KUR)MA)	
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HCFA 179	

\* Agency that determines eligibility for coverage

New 04-01-92

IN NO. 92-14

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Effective Date: APR 01 1992

Approval Date: AUG 05 1992